

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6351 63-044126  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 11 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
STANK L. YOUNG MEDICAL CERTIFICATION

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)<br>a. STATE Mo. b. COUNTY JACKSON                                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>KANSAS CITY  |  | c. CITY OR TOWN KANSAS CITY   |  |
| Length of stay in lb 5 YRS.   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>RESEARCH HOSPITAL  |  | d. STREET ADDRESS 5439 SKILES   |  |
| 3. NAME OF DECEASED<br>(Type or print) URAI W MAUPIN  |  | 4. DATE OF DEATH Nov. 21 1963   |  |
| 5. SEX Male   | 6. COLOR OR RACE White                           | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-26-1902                            |
| 9. AGE (last birthday) 60   | 10. KIND OF BUSINESS OR INDUSTRY MAUPIN SIGN CO. |   | 11. BIRTHPLACE (City and state or country) SLATER, MO. |
| 12. CITIZEN OF WHAT COUNTRY U.S.A.  |  | 13. NAME OF HUSBAND OR WIFE LECTA O. MAUPIN   |  |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? No  |  | 15. SOCIAL SECURITY NO. 319   |  |
| 16. NAME OF DECEASED'S FATHER S. J. MAUPIN  |  | 17. NAME OF DECEASED'S MOTHER SALLIE BOATWRIGHT   |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Ventricular fibrillation<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Myocardial infarction<br>DUE TO (c) Coronary occlusion |  | 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                |  |
| 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 21. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |
| 22. TIME OF INJURY Hour Month, Day, Year  |  | 23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 26. CITY, TOWN, OR LOCATION   |  | COUNTY STATE  |  |
| 27. I attended the deceased from 11/21/63 to 11/21/63 and last saw him alive on 11/21/63  |  | 28. Death occurred at 5:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 29. SIGNATURE Paul R. Young (Degree or title)   |  | 30. ADDRESS 9406 E 63rd Raytown, Mo.  |  |
| 31. DATE SIGNED 11/22/63  |  | 32. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem. K.C. Mo.  |  |
| 33. LOCATION (City, town, or county)  |  | 34. DATE RECD. BY LOCAL REG. 11-22-63   |  |
| 35. REGISTRAR'S SIGNATURE Beasie Smith  |  | 36. FUNERAL DIRECTOR Hinton Funeral Home Raytown, Mo.   |  |

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Orville Robinson*

Licensed Embalmer No.

*4232*

P. O. Address

*K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.